

Letter to the Editors

Prescription opioid abuse in the UK

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The USA is considered to be the centre of prescription drug abuse. Given that drug abuse is a worldwide phenomenon, it would be valuable to determine whether the trend of increasing prescription opioid misuse and abuse seen in the USA is developing in the UK. To compare trends in deaths associated with prescription opioid drugs, mortality data were obtained online for England, Wales and Scotland from the Office for National Statistics and the National Records of Scotland and for the USA from The National Vital Statistics System (NVSS). Mortality trends in the USA show a relentless increase of deaths from unintentional drug poisoning with opioid analgesics in the last decade. In 2010, the number of deaths related to opioid analgesics was over 16 500, more than double the number of 2002 and more than twice the number of deaths from heroin and cocaine deaths combined [1]. Although the number of deaths related to drug poisoning reviewed from England and Wales is not as high as the USA, the overall trends are remarkably similar (Figure 1). The prominent role of methadone in UK opioid deaths also is striking. In Scotland, methadone-related deaths increased from 71 in 2001 to 275 in 2011 [2] and they currently represent over half of all reported opioid-related deaths. However, this should be viewed in the context of a considerable increase in the availability of opioid substitution treatment in the UK [3]. In the USA, most cases relate to opioid analgesics, and the number of oxycodone-related deaths slightly exceeds the number of methadone-related deaths. Tramadol presents interesting data in the UK; in 1996, England and Wales reported one death with the drug mentioned, but by 2011 there were 154 deaths [4]. In Scotland, tramadol-related deaths increased from eight in 2001 to 34 deaths in 2011 [2]. The increase in tramadol-related deaths may reflect a rise in tramadol prescriptions, thus availability, but also points to the need to monitor closely any increase in deaths caused by opioid analgesics because it may signal an emerging problem in the UK similar to the issue that is now well established in the USA.

Across Europe, the form and availability of prescription opioids vary, as do opioid substitution treatments,

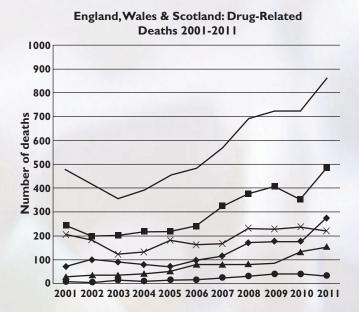


Figure 1

Drug-related deaths by selected drugs reported in England, Wales and Scotland, 2001–2011. Note that heroin and morphine are reported as one category in the data from England, Wales and Scotland; given that the focus of this analysis is on prescription opioids, that category was not included in this analysis. ———, methadone in England and Wales; ———, tramadol in England and Wales; ———, other opiate in England and Wales; ———, England and Wales total opioid-related deaths (excluding heroin/morphine); ———, methadone in Scotland; and ————, tramadol in Scotland

drug using patterns and quality of drug-related deaths data [5]. Nevertheless, by acknowledging the trends in mortality related to prescription opioids now, European countries have the opportunity to explore preventative measures and reinforce surveillance systems to track prescription opioid misuse. They can enact appropriate monitoring and regulatory measures to prevent the crisis seen in the USA, whilst ensuring that patients requiring opioid analgesics for pain relief are treated safely and appropriately.

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Competing Interests

All authors have completed the Unified Competing Interest form at http://www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare: no support from any organization for the submitted work; no financial relationships with any organizations that might have an interest in the submitted work in the previous 3 years; no other relationships or activities that could appear to have influenced the submitted work.

REFERENCES

- 1 Centers for Disease Control's Primary Care and Public Heath Initiative Presentation. Prescription drug abuse and overdose: public health perspective. Available at http://www.cdc.gov/primarycare/materials/opoidabuse/docs/pda-phperspective-508.pdf (last accessed 24 October 2012).
- 2 National Records of Scotland. Table Y. Drug-related deaths, on the basis of the Office for National Statistics (ONS) 'wide' definition, by selected drugs reported, 2001–2011. Available at http://www.gro-scotland.gov.uk/files2/stats/drug-related-deaths/2011/drug-related-deaths2011.pdf (last accessed 29 April 2013).
- **3** Strang J, Hall W, Hickman M, Bird SM. Impact of supervision of methadone consumption on deaths related to methadone overdose (1993–2008): analyses using OD4 index in England and Scotland. BMJ 2010; 341: c4851.

- **4** Office for National Statistics. Deaths related to drug poisoning in England and Wales, 2011. Table 6a. Available at http://www.ons.gov.uk/ons/datasets-and-tables/index.html (last accessed 29 April 2013).
- **5** European Monitoring Centre for Drugs and Drug Addiction. Annual Report 2012: The State of the Drugs Problem in Europe. Luxembourg: Publications office for the European Union, 2012. Available at http://www.emcdda.europa.eu/ publications/annual-report/2012 (last accessed 29 April 2013).

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